

## Notice of Section 527 Status

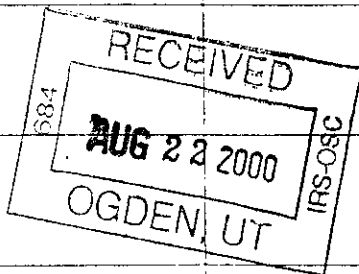
OMB No. 1545-1693

**Part I** General Information

1 Name of organization <b>FRIENDS OF DAVID R. TOWNSEND</b>		Employer identification number <b>N/A</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>P.O. Box 651</b>		<b>91-2070273</b>
City or town, state, and ZIP code <b>ORISKANY, N.Y. 13424</b>		
3 E-mail address of organization <b>WWW.DAVE.TOWNSEND.NET</b>		
4a Name of custodian of records <b>SALVATORE P. DEMARIO</b>	4b Custodian's address <b>1111 CEDAR BROOK DRIVE ROME, N.Y. 13440</b>	
5a Name of contact person <b>RONALD CONYER</b>	5b Contact person's address <b>P.O. Box 651 ORISKANY, N.Y. 13424</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

**Part II** Purpose7 Describe the purpose of the organization  
**(E)(1) POLITICAL ORGANIZATION****Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>N/A</b>		



## Part IV

N/A

Sign  
Here

Signature of authorized official

8/17/00 Date

Date: \_\_\_\_\_